

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

26127

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (Word) Bethesda Harp. (Word)

File No.
 Registered No. 1730

2. FULL NAME

(a) Residence. No. St. 18 Ward. Clavelle Mo.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female White 4. COLOR OR RACE
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 1925

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
2 | 3 | 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Union Park Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Roy Schmitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sylvia Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Evansville Ind.
 (STATE OR COUNTRY)

14. INFORMANT (Address) Henry Schmitt, Clayton Mo.

15. FILED SEP -1 1927 Mrs. C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31st 1927
 17.

I HEREBY CERTIFY, That I attended deceased from Aug 14th, 1927, to Aug 31, 1927 that I last saw him alive on Aug 30, 1927, and that death occurred, on the date stated above, at 9 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever
21 (duration) yrs. 1 mos. 9 ds.
 CONTRIBUTORY Septicemia (Septicemia) (SECONDARY)
hemolytic (duration) yrs. mos. 24 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH... Clayton St. Louis County

19. DID AN OPERATION PRECEDE DEATH... No. DATE OF...
 WAS THERE AN AUTOPSY... No.

WHAT TEST CONFIRMED DIAGNOSIS... Culture
 (Signed) E. L. Schaban, M. D.

(Address) 5903 Cabanne Place

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Paul Cem DATE OF BURIAL Sept 2 1927

20. UNDERTAKER Bauman Bros ADDRESS Clayton Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT RECORD

